

Privacy Act Release Form For Office U.S. Senator David Perdue

Please Return Completed Form to:
U.S. Senator David Perdue
B40D Dirksen Senate Office Building
Washington, D.C. 20510
Phone: 202-224-3521
Or Fax to: 202-228-1031

PLEASE TYPE OR PRINT:

CIRCLE PREFERRED TITLE: MR. MS. MRS. DR. OTHER: _____

NAME: _____

BUSINESS (if applicable): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

MOBILE PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

IDENTIFICATION NUMBER: Please provide any relevant identification number in order for the appropriate Federal Agency to identify your records pertaining to this inquiry. Not all identification numbers pertain to every constituent. Please provide any number relevant to your personal case.

VA NUMBER: _____ CSA OR CSF NUMBER: _____

OWCP CLAIM(S) NUMBER(S): _____

ALIEN IDENTIFICATION NUMBER: _____

IMMIGRATION RECEIPT NUMBER: _____

TAX ID NUMBER: _____

FEDERAL AGENCY OR DEPARTMENT: Please specify the name of the Federal Agency or Department involved in the space provided below.

Pursuant to the requirements of the Privacy Act, PL 93-579, I hereby grant Senator Perdue and his staff access to my records so that they may assist me with my case.

SIGNATURE: _____ **DATE:** _____

STATEMENT:

[illegible]